

## APPENDIX E

### **Chronic Beryllium Disease Prevention Program (CBDPP) for Environment, Safety and Health (EH) Employees**

Title 10 Code of Federal Regulations, part 850 (10 CFR 850), *Chronic Beryllium Disease Prevention Program*, published December 8, 1999, requires that responsible employers must implement a program to manage and control worker beryllium exposures in order to reduce the number of workers exposed and to ensure the early detection of chronic beryllium disease. EH employees may conduct activities at the Department of Energy (DOE) facilities that present the potential for exposure to airborne beryllium particles. The Assistant Secretary for Environment, Safety and Health is the responsible employer for these EH employees. This appendix is EH's CBDPP, as required by 10 CFR 850, for EH employees who conduct activities at DOE facilities that present the potential for exposure to airborne beryllium particles.

#### 1. General Requirements.

EH managers and employees must comply with the Federal Employee Occupational Safety and Health (FEOSH) Program for EH Employees (this document) while visiting DOE facilities that may pose a risk of exposure to airborne beryllium particles.

Affected EH Deputy Assistant Secretaries (DAS) must designate a CBDPP point-of-contact to assist managers and employees, as well as the DAS, in implementing the CBDPP for EH employees in their organization, and keeping track of CBDPP documentation and records.

EH managers must, in giving assignments to EH employees, assure that the employees' exposures will be at or below the action level; that the number of EH employees exposed and potentially exposed is minimized; that the opportunity for exposure to these employees is minimized; and that these employees' disability and lost work time due to beryllium disease, sensitization, and associated medical care is minimized.

EH managers must set goals for, and keep track of, these employees' exposures and potential exposures, and beryllium-related medical status, to further reduce exposures below the action level established by 10 CFR 850. By January 7, of each year, beginning with the year 2001, affected EH DASs must submit to the EH Assistant Secretary an analysis of their EH employees' exposures and potential exposures, and beryllium-related medical status, and a proposal for exposure reduction and minimization goals for the ensuing year.

#### 2. Program at Facility to be Visited.

EH employees must comply with the CBDPP of the facility to be visited. EH managers must obtain and review with the employee the facility's CBDPP to ensure that the employee is, or will be, in compliance when the activity involving beryllium begins.

### 3. Specific Program Requirements.

Many of the specific program requirements of 10 CFR 850 do not apply to EH as the responsible employer due to the type of job activities performed by EH employees, e.g., oversight activities.

For example, the requirements to conduct a baseline beryllium inventory (10 CFR 850.20) and to establish regulated areas (10 CFR 850.26) do not apply to EH because beryllium is not used in EH offices.

EH managers and employees complying with the specific requirements of a DOE-approved CBDPP plan of a facility being visited will be in compliance with the specific requirements of 10 CFR 850, Subpart C. These requirements include, but are not limited to sections 850.22 (permissible exposure limit), 850.23 (action level), 850.24 (exposure monitoring), 850.25 (exposure reduction and minimization), 850.26 (regulated areas), 850.27 (hygiene facilities), 850.28 (respiratory protection), 850.29 (protective clothing and equipment), 850.37 (training and counseling), and 850.38 (warning signs and labels).

EH managers must comply with the requirements of sections 850.28 (respiratory protection), 850.34 (medical surveillance), 850.35 (medical removal), 850.36 (medical consent), 850.37 (training and counseling), and 850.30 (beryllium registry) by utilizing the services of the employee's headquarter health unit. The headquarter health unit (MA-353) is prepared to support EH in providing these services. Where funding is an issue for MA, EH managers may be required to provide the necessary funding, or make alternate arrangements, to ensure that employees are provided these services. When appropriate, EH managers must arrange for reciprocity with the facility being visited by the employee, to accept the medical services (e.g., physical, respirator fit testing, etc.) provided by the headquarter health unit.

All records generated as a result of the requirements of 10 CFR Part 850, must be maintained by the employee's headquarter health unit for inclusion in the employee's medical surveillance program records. EH managers must arrange for exposure results to be sent to the employee's headquarter health unit for inclusion in the employee's medical surveillance record.

EH managers must comply with 850.39 (performance feedback) by conducting periodic analyses and assessments of the monitoring results, medical surveillance, and exposure reduction and minimization data obtained (without personal identifiers) from the employee's headquarter health unit.